SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
CREDO SUPERPAC	C C00507517				
Check If 24-hour report X 48-hour report New report Amends report filed on	M				
Full Name (Last, First, Middle Initial) of Payee Alliance Graphics	л м / D D / Y Y Y Y				
Mailing Address 1101 8th Street, Suite 100	10 15 2012				
City State Zip Code Berkeley CA 94710 Transa	544.22 ction ID : SE.8866				
Purpose of Expenditure Printing Category/ Type Office Sough	ht: House State: PA Senate District: 08				
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK Check One:	President Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Office Sought Disbursement 2012	nt For: Primary General ther (specify)				
Full Name (Last, First, Middle Initial) of Payee Credo Mobile Date	10 04 2012				
Mailing Address 101 Market Street	10 04 2012				
Suite 700 Amou	nt				
City State Zip Code San Francisco CA 94105 Transa	1337.77 action ID : SE.8859				
Purpose of Expenditure Phones Category/ Type Office Sough	ht: House State: PA Senate District: 08				
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK Check One:	President Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement 25080.11 Disbursement 2012 Office Sought Disbursement 2012	nt For: Primary General ther (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 1 7 1 7 1				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Becky Bond [Electronically Filed] Date 10	15 2012				
Signature					

(SC	HEDULE E)			PAGE 2 FOR SE OF	OF 4 FORM 24/48
NΑ	ME OF COMMITTE (In Full)		FEC	DENTIFICATI	ON NUMBER ▼
С	REDO SUPERPAC		С	C00507517	
Ch	eck If 24-hour report X 48-hour report New report Amends report	rt filed o	on M M	/ D = D /	Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee				
	Michael Eagle		Date	/ D D /	Y Y Y Y
	Mailing Address 22 Clover Lane		10	10	2012
			Amount		
- 1	City State Zip Code				1593.75
- 1	Wayne PA 19087	T	ransaction	n ID : SE.8861	
	Purpose of Expenditure Payroll Category/ Type	Office	Sought:	House Senate	State: PA District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	MICHAEL G. FITZPATRICK	Check	One:	Support	Oppose
	Calendar Year-To-Date Per Election 27173.86	Disbur 2012	sement Fo	or: Primary (specify)	Meneral General
	Ţ	L	Other	(specify)	
	Full Name (Last, First, Middle Initial) of Payee		Date		
	Impact Dialing		10		2012
	Mailing Address 3543 19th Street		10	05	2012
			Amount		
	City State Zip Code				500.00
	San Fracisco CA 94110	Т	ransactio	n ID : SE.8860	
	Purpose of Expenditure Category/		Sought:	X House	State: PA
	Phones Type			Senate	District: 08
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	MICHAEL G. FITZPATRICK	Check	One:	Support	Oppose
	Calendar Year-To-Date Per Election	Disbur	sement Fo	or: Primary	✓ General
	for Office Sought	2012	Other	(specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	•		7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Becky Bond [Electronically Filed] Date	M			2
	Signature [Electronically Filed] Date	10		5 201	_

NAME OF COMMITTE (In Full)	RM 24/48				
NAME OF COMMITTE (In Full)	UMBER ▼				
CREDO SUPERPAC					
C C00507517					
Check If 24-hour report	YYYY				
Full Name (Last, First, Middle Initial) of Payee Julia Leonard Date					
M M / D D / Y	TY TY TY				
Mailing Address 1428 Alamo Avenue	2012				
Amount					
City State Zip Code	4405.00				
Colorado Springs CO 80907	1125.00				
Purpose of Expenditure Category/ Office Sought: ☐ House Si	ate: PA				
Payroll	rict: 08				
Name of Federal Candidate Supported or Opposed by Expenditure:					
	Oppose				
	1				
20172.96 2012	General				
for Office Sought Other (specify)					
Full Name (Last, First, Middle Initial) of Payee Date					
NGP VAN	Y Y Y				
Mailing Address 1101 156h Street, NW	2012				
Amount					
City State Zip Code					
Washington DC 20005	6000.00				
Transaction ID : SE.8865	ate: PA				
Phone Dialer					
Dresident	rrict: 08				
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G FITZPATRICK Check One: Support	Oppose				
MICHAEL G. FITZPATRICK	,				
Calendar Year-To-Date Per Election Calendar Year-To-Date Per Election Disbursement For: Primary 2012	General				
for Office Sought Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	125.00				
(a) SOBTOTAL OF Itemized Independent Experioritales					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(b) SOBTOTAL OF OFficering and independent Experiorations					
(c) TOTAL Independent Expenditures					
(c) Total independent Experiorates					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Becky Bond	Υ				
[Electronically Filed] Date 10 15 2012	I				

(SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
CREDO SUPERPAC	C C00507517				
Check If 24-hour report X 48-hour report New report Amends report	t filed on				
Full Name (Last, First, Middle Initial) of Payee					
Anthony Smith	Date				
Mailing Address 9113 Stratus Cir.	10				
City. Ctata Zin Coda	Amount				
City State Zip Code Manlius NY 13104	937.50 Transaction ID : SE.8862				
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
MICHAEL G. FITZPATRICK	Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Collin Steele	M M / D D / Y Y Y Y				
Mailing Address 417 Summit House	10				
417 Summit House	Amount				
City State Zip Code	027.50				
West Chester PA 19382	937.50 Transaction ID : SE.8863				
Purpose of Expenditure Category/	Office Sought: House State: PA				
Payroll Type	Senate District: 08				
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———				
MICHAEL G. FITZPATRICK	Check One: Support Oppose				
Calendar Year-To-Date Per Election	Disbursement For: Primary General				
for Office Sought	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	1875.00				
(a) 33213712 or nonized maspondon Expondicaco	7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL to decrease that 5 man of these					
(c) TOTAL Independent Expenditures	12975.74				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Becky Bond [Electronically Filed] Date	10 15 2012				
Signature [Electronically Filea] Date	10 2012				